

**114CSR66**

**WEST VIRGINIA PROCEDURAL RULE  
INSURANCE COMMISSIONER**

**SERIES 66  
MENTAL HEALTH PARITY COST CONTAINMENT MEASURES APPLICATION  
AND ANNUAL REPORTING REQUIREMENTS**

Section

114-66-1. General.

114-66-2. Applicability.

Appendix A. Mental Health Parity Cost Containment Measures Application and  
Annual Reporting Requirements Abstract

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**§114-66-1. General.**

1.1. Scope. -- This procedural rule sets forth requirements which the Commissioner considers necessary to carry out Rates and Forms Division Reporting Requirements for rate and form filings.

1.2. Authority. -- W. Va. Code §§33-2-10 and 33-16-3a.

1.3. Filing Date. -- July 29, 2003.

1.4. Effective Date. -- August 28, 2003.

**§114-66-2. Applicability.**

2.1 The abstract form attached to this rule as Appendix A must be completed and filed with the Insurance Commissioner when filing for mental health parity cost containment measures or annual reporting requirements.

Appendix A

**INSURANCE COMMISSIONER  
STATE OF WEST VIRGINIA**

**MENTAL HEALTH PARITY COST CONTAINMENT MEASURES APPLICATION  
AND ANNUAL REPORTING REQUIREMENTS ABSTRACT**

**INSTRUCTIONS:** This form is to be completed as the annual report prescribed in WV Regulation 114-64-8.5 and/or when applying for cost containment measures as outlined in WV Regulation 114-64-4. All questions must be answered; if no answer is applicable, enter the reason for such determination.

Company Name: \_\_\_\_\_

NAIC Code: \_\_\_\_\_

Part of Group: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

**I. General Information.**

1. Is this the [ ] initial application or [ ] annual report?

1. Base Period: From to \_\_\_\_\_ to \_\_\_\_\_ (must be 12 consecutive months ending on or about 60 days preceding the next filing of the application)

2. Is there [ ] 25 members or less [ ] greater than 25 members?

3. If this is the first application, please provide the total anticipated costs for the first year for treatment of mental illness for any plan that will exceed 2% or 1% for any group with 25 members or less: \_\_\_\_\_

4. If this is beyond the first year, please provide total costs for each year thereafter for treatment of mental illness for any plan that will exceed 2% or 1% for any group with 25 members or less:



Please provide four years of data (include data prior to implementation of mental health parity):

|  | Base Period | Total Expenditures<br>Incurred for Mental<br>Health Benefits | Total Expenditures<br>Incurred for all<br>Benefits |
|--|-------------|--|--|
| a) actual claims incurred                                    |             |  |  |
| b) case management expenses                                  |             |  |  |
| c) administrative expenses                                   |             |  |  |
| d) utilization review paid                                   |             |  |  |
| e) capitation paid associated with<br>mental health benefits |             |  |  |

**II. If you are applying for Cost Containment, please complete the following:**

1. What Cost Containment measures do you plan to implement?
2. What is the anticipated reduction in cost for mental health benefits by implementing these cost containment measures?
3. What is the total anticipated cost of mental health benefits after implementation of cost containment measures for Mental Health Parity?
4. What is the total anticipated cost of all benefits after the implementation of cost containment for Mental Health Parity?

**III. This application must be actuarially certified. Please attach the appropriate certification to this form.**